Mapping the introduction of a mental health awareness in custodial settings self-directed workbook across eight care services improvement partnership patches

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Abstract

Approximately 90% of prisoners experience mental health problems, substance misuse problems or both. However, prison reception screening tools are not always effective in enabling staff to identify mentally disordered prisoners. Therefore, to ensure that these individuals get access to appropriate care, custodial staff should be trained in recognising the signs and symptoms of mental health disorders, and in effectively working with these individuals. This paper charts the pilot implementation of a mental health awareness workbook designed for use in custodial settings across England. It examines the variety of approaches adopted to implement the workbook, staff views on the usefulness of the workbook, and barriers to implementation encountered in each area. Recommendations made for best practice in delivering the workbook in other areas suggest a need for changes to its format, but also that time should be ring-fenced for staff to participate in this training, in groups led by experts such as in-reach team members.

Key words

prison; mental health; training; education; criminal justice

Background

As recent media headlines point out, UK prisons are currently at nearly full capacity with over 79,000 people imprisoned in January 2007 (Travis, 2006; Travis 2007; HMPS, 2007). Research suggests that a large proportion of these individuals will be experiencing mental health problems, substance misuse problems or both (DoH, 2001). The NHS and the Prison Service are now working in partnership to ensure that the standard of health care provided in prisons is equivalent to that provided in the community (NHS Executive & HM Prison Service, 1999). However, research shows that many instances of mental ill-health are not identified by prison staff during reception screening (Birmingham *et al*, 2000). Additionally, prison is designed as a punishment and this goal may conflict with the goal of providing health care to prisoners. In order to ensure that mentally disordered offenders obtain access to appropriate services, there is an increasing need to train prison staff in both recognising the signs and symptoms of mental disorders, and in effectively working with mentally disordered offenders.

This paper charts the pilot implementation of a Mental Health Awareness Training workbook over a period of six months through the Health and Social Care in Criminal Justice Programme (HSCCJP). The workbook was rolled out across eight Care Services Improvement Partnership (CSIP) Regional Development Centres (RDCs). It examines the method used to implement the training in each area, staff views on the usefulness of the workbook, and the barriers to implementation encountered in each area. Additionally, the paper uses information gained from the pilot to make recommendations for best practice in delivering the workbook in other areas of the country.

What is the workbook?

The workbook was produced by Offender Health Care Strategies and aimed to 'provide skills in managing individuals who present with behaviour that may be the result of mental health difficulties' (Offender Health Care Strategies, 2005). It was produced as a printed hard copy and as a CD-rom, and included topics such as:

- influencing factors on an individual's psychological well–being
- causes and types of mental health problems
- factors that may affect an offender's mental health
- stigma
- observation
- communication
- managing behaviour
- referring on.

Initially, it was estimated that it would take staff between eight and 12 hours to complete this learning and each CSIP RDC was given the opportunity to roll out the training in a way in which leads considered most appropriate to local circumstances.

Methodology

The approach taken in implementing the training was different in each of the RDCs. Thus, a quantitative approach to data collection was deemed inappropriate as this would simply demonstrate factors such as the number of workbooks distributed and completed, and would not reflect differences in the styles adopted by each area. Additionally, the researchers were aware that there are severe time restraints on prison staff. Thus, the implementation process was captured using several qualitative approaches to data collection, namely:

- interviews with each of the eight CSIP leads
- further semi-structured interviews with staff working in each area
- analysis of email correspondence following interviews to provide further detail on implementation plans
- participation in a one-day workshop involving seven of the eight CSIP leads
- an analysis of a small sample (n=32) of evaluation forms in region one
- telephone interviews with participant prison officers in one patch.

For the purpose of anonymity, the names of the regions and prisons have been converted to numbers in this article.

Findings

The approach taken to rolling out the training in each of the RDCs is detailed in the sections below.

CSIP region one

At the start of 2006, the area training manager, area safer custody manager and the area suicide prevention forum met at the area prison office to discuss the implementation of the workbook. Following this, three of the 16 prisons in this area were identified to pilot the roll-out. These were prison one – a category 'C' male training prison, prison two – a category 'B' male local prison and prison three – a women's prison. The workbook was to be introduced into a different area of each prison – the Segregation Unit at prison one, the Drug Dependency Unit at prison two and the Care and Segregation Unit at prison three. Responsibility for the roll-out of the workbook and ensuring that evaluation forms were completed and returned was given to the local suicide prevention co-ordinators.

The governors at each establishment identified officers to distribute the workbooks. These officers were guided through the manual by a CSIP lead and 30 copies of the workbook were then distributed at each establishment. This approach resulted in 100% take-up at prisons two and three, but only 33% take-up at prison one. Thus, a total of approximately 70 staff in this region engaged with the training.

CSIP region two

The second area began by producing clear aims and objectives for the implementation of the workbook together with an exit strategy to ensure sustainability. It was estimated that it would take three months to implement the workbook. Two prisons were sought to pilot the workbook with specific staff groups in this area. These prisons were selected through seeking support from heads of training, heads of health care and commissioning primary care team (PCT) prison leads (preferably mental health promotion leads).

Pre-implementation meetings identified a need to target the workbook with the First Night and Induction Unit staff, the Substance Misuse Service, the PCT and the Segregation/Care and Separation Unit. Both prisons were asked to identify a lead from each of the above areas to record progress and motivate staff to participate. No specifications were made regarding the grade that this member of staff would need to be at. This resulted in senior officer grades and an F grade nurse being selected at prison four, while at prison five wing leads ranged from POs to SOs, and a staff nurse also became a lead.

Facilitated sessions were then planned for leads and managers to:

- raise awareness of mental health problems and coping skills through teaching and group work
- introduce the principles of the workbook
- look at the means of implementation in each area
- outline the role of the leads in gathering evaluation information and ensure that they were happy to lead for their area
- outline support links available.

These sessions were well attended by representatives from both prisons. Twenty-five staff from C wing, Substance Misuse Service, CSU and primary care at prison four then attended a session to go through Module One – 'Mental Health Difficulties' through reflective group work. Following this session, all areas in the prison four pilot agreed to devote an hour a week for all staff to get together and work through the exercises in the workbook using prisoners on the wing at the time as examples. This impacted on the prison regime as only essential tasks could be completed during this hour. However, local managers and governors thought this was outweighed by the fact that staff skills could be greatly enhanced by completing the workbook.

By September 2006, 60 out of 70 workbooks had been distributed at prison four and around 20 prison officers had fully completed them. At prison five, around 50 workbooks were distributed and 15 prison officers had completed all five modules. An internal qualitative evaluation at prison four showed that very little activity had taken place in the Segregation Unit as the senior officer had been off sick.

CSIP region three

Unfortunately, roll-out of the workbook had failed to commence in this region during the time allocated for data collection. However, this area planned to deliver training on a 'patch' basis rather than at individual establishments. They proposed running sessions once a month with a maximum of 30 participants from several prisons attending. The sessions would have started with a three-hour seminar focusing on skills in recognising prisoners with mental health problems, and introducing the booklet and learning requirements. The booklet would then have been distributed to staff together with the offer of support through a helpline and a follow-up seminar. Overall, this would allow up to 360 custodial staff to be trained in a year. The course organisers would be responsible for quality assurance in terms of trainer observation, registration information and evaluation. Staff would have been tested on the knowledge that they had gained, and would have discussed compliance with training and barriers to effective implementation. The roll-out would then have been evaluated using feedback from course participants. The CSIP lead in this area feels that face-to-face expert input is needed for successful training in mental health. Therefore, so far the workbook has only been distributed as an *aide-memoire* for staff who have already undertaken Assessment Care in Custody and Teamwork (ACCT) or mental health awareness training.

CSIP region four

In this region the workbook was delivered as part of ACCT assessor training. Roll-out was planned by the area safer custody co-ordinator and was delivered in three phases encompassing 14 establishments. An initial ACCT training event was held at a central location and attended by staff from several establishments. These staff were then trained as trainers so that they could offer in-house training at their individual establishments.

When data was collected all phase one establishments were running the training and were aiming to train 20% of front-line staff. The prisons looked set to achieve this target as between 10% and 15% of front-line staff had been trained when the data was collected. These prisons are also beginning to target other groups of staff such as first night officers, non RMH health care staff and segregation staff. This is being supported by NIMHE and HMPS supplying trainers.

Training was also underway in five of the phase two prisons, but was yet to commence in the phase three prisons when data was collected. By January 2006 a total of 214 staff had completed the mental health awareness training – all of which were ACCT assessors.

CSIP region five

The CSIP lead and the area suicide prevention lead agreed to pilot the workbook in this area, and discussed it with the suicide prevention area team forum and the regional prison mental health in-reach steering group. They agreed to pilot the workbook in four prisons and to offer it

initially to 25 officers in each prison with training managers from each prison leading the dissemination.

The pilot was well advertised – it was highlighted by the governors of each prison during their staff briefings and the mental health in-reach team managers were contacted to request their teams' support for officers using the workbook. A letter was also attached to each workbook explaining the nature of the pilot and the support and advice that was available to staff through the in-reach teams and the CSIP lead.

Despite this, take-up in this region was minimal. Mental health awareness training was already offered across prison six by in-reach staff. Initially, the workbook was offered to segregation staff, but they considered it to be below their level of training need. Subsequently, it was offered to a wider range of staff and three officers consequently used the workbook. Telephone interviews were conducted with these staff, the results of which are discussed later.

At prison seven the workbook had been issued to nominated officers by the training committee. However, only three (younger) prison officers had attempted to complete it. This was said to be due to the workbook having an over-serious tone and a lack of colour in the printing, and also the fact that it did not provide interaction with other people.

This latter point was reiterated at prison eight where although four officers completed the workbook, benefits were felt to be minimal as learning was considered to be most effective in peer group settings. Additionally, staff in this prison found it difficult to find time to complete the workbook at work and felt that expecting individuals to complete it outside of work was unrealistic. Moreover, staff felt that the workbook was disjointed and stated that there was no reliable way to assess whether staff had gained any knowledge and/or changed their attitudes.

CSIP region six

In January 2006 establishments in this area were planning to roll out the training in a number of ways. For example, prisons planned to offer the training via the in-reach team/ the PCT lead/ the RMN/ a support group. Often this would be with modular support from CSIP. Unfortunately, in September 2006, many prisons reported that they had not understood the link between the workbook and ACCT training so had only delivered the latter. Additionally, some prisons were reluctant to engage with the workbook as training was already provided by the in-reach team. However, training had taken place in five establishments with at least one hundred prison officers being trained.

CSIP region seven

The workbook was widely distributed in this region and most people agreed that it would be a useful *aide-memoire* for ACCT trainees as well as people being inducted to work in the wider criminal justice system. A more dedicated roll-out also occurred at one private prison in this region. By the end of the evaluation period this resulted in 35 prison officers using the workbook in this prison. Moreover, the workbook has now been incorporated into the 13-week induction training at the prison (although prison officers are still expected to undertake the course in their own time). Additionally, the workbook is being introduced in joint training between police and probation staff working in approved premises, and it has been reviewed for use in prisons by suicide leads, prison listeners and the Samaritans.

CSIP region eight

In January 2006 this region planned to roll out the workbook in one prison to a group of 25 staff including wing-based prison officers, the chaplain and staff from the psychology department. They aimed to use the workbook as an adjunct to face-to-face mental health awareness training. By September 2006 a total of 37 copies of the workbook had been distributed at this prison. Seventeen mental health nurses within prison settings in this region had agreed to facilitate mental health awareness training using the workbook as an adjunct, but no prison officers would be using the workbook in a 'self-directed' manner.

Discussion

Thus, the workbook has been implemented in a wide variety of ways. Engagement with the pilot has been led by a variety of staff groups including training managers, safer custody managers, heads of health care, in-reach teams, PCT leads and RMNs. The different approaches adopted to rolling out the workbook have resulted in a wide range of staff engaging with the training including Segregation Unit staff, Drug Dependency Unit staff, ACCT trained staff, prison officers, First Night and Induction Unit staff and PCT staff.

However, the rate of 'success' in implementing the training in each region has been mixed in terms of the number of staff engaging with the pilot, their views on the usefulness of the workbook, and the number of barriers encountered in implementing the training. Staff views on the workbook and barriers to implementation are outlined below.

Staff views on the usefulness of the workbook

Staff views on the usefulness of the workbook were obtained in six of the eight regions. In region one a total of 32 formal evaluation forms were completed and returned – 3/30 from prison one, 6/30 from prison two and 23/30 from prison three. These forms asked participants to rate the workbook on a scale of 1–6 where 1 was 'poor' and 6 was 'excellent' in each of the following areas: ease of use, readability, information, usefulness, accuracy, workplace specificity and the exercises.

Overall, participants scored the workbook highly. The most poorly rated areas were 'exercises' and 'readability', which both received a mean score of 4.25. Scores were dichotomous in relation to 'workforce specificity' with 20 prison officers rating the workbook as 5/6 in this area, and another 12 giving much lower scores. The majority of the latter group came from prison three.

In region two, feedback on the usefulness of the workbook was obtained at prison four. Here respondents stated that the workbook had raised staff awareness of issues and promoted discussion on the wing. However, some staff on the wing felt that the exercises were patronising, and had struggled at times to hold group discussions as they did not have enough background knowledge of the issues. In contrast, in primary care the workbook was regarded as an excellent revision guide, but staff felt that they had insufficient time to complete the exercises in the manner demanded in the workbook.

Feedback from the evaluation in region four was very positive – showing increases in staff knowledge, skills and confidence. The Mental Health Awareness Training had been voted the most valuable section of the ACCT training and further training had been requested. However, here the workbook was delivered alongside face-to-face mental health awareness training delivered as part of the ACCT programmes and feedback reflects this. There were also plans to introduce the workbook to all staff regardless of their professional background, but staff reported that there was reluctance to engage in self-directed learning and consequently no staff had been trained in this region using the workbook alone.

In region five, three staff had been willing to use the workbook in a self-directed manner. Telephone interviews with these staff showed that the first interviewee – a prison officer with 15 years' experience thought that the language used in the workbook needed to be simpler and that it was difficult to complete the workbook alone without anyone to discuss the issues raised/the exercises with. This view was reflected by the second interviewee – an ACCT assessor with 10 years' experience who felt that the material had been written at too advanced a level for most prison officers given their low level of mental health training. He had found the workbook to be very readable himself, but agreed that more would be achieved from learning in a group. This view was reinforced by interviewee three who had successfully completed the entire workbook in his own time, but felt that he would have learnt more from it in a group learning situation.

Additionally, at prison seven in this region, the workbook had been issued to nominated officers by the training committee. However, only three (younger) prison officers had attempted to complete it. This was said to be due to the workbook having an over-serious tone and a lack of colour in the printing, and also the fact (in reflection of the comments above) that it did not provide interaction with other people. This latter point was further reiterated at prison eight where although four officers completed the workbook, benefits were felt to be minimal as learning was considered to be most effective in peer-group settings. Additionally, as stated earlier, staff in this prison found it difficult to find time to complete the training at work and felt that expecting staff to complete it outside of work was unrealistic. Moreover, staff felt that the workbook was disjointed and stated that there was no reliable way to assess whether staff had gained any knowledge and/or changed their attitudes.

In contrast, in region seven comments on evaluation forms showed that staff found the workbook to be helpful in understanding symptoms and behaviours of mental illness. They also used the workbook to help them to think through specific situations. Four respondents thought that the exercises produced repetitive answers and one participant stated that the workbook did not allow for personal skills to be applied. Most of the

respondents found the training useful, but staff nurses found it to be basic when compared to those without medical experience.

Finally, responses in region eight reflected those in region five. They saw the workbook as an adjunct to face-to-face mental health awareness training, but did not consider self-directed learning to be effective for this topic.

Evaluation forms showed the workbook was generally regarded as reasonably readable. However, dichotomous views were expressed in relation to the exercises. Some staff found them patronising while other (less experienced) staff were much more positive and expressed a need for expert guidance for learning in this area to be effective for them. This view was reflected in telephone interviews with prison officers who stated that it took 12 to 15 hours over two or three months to complete the training alone, and it would have been more beneficial to have expert guidance. Additionally, these staff stated that this type of training should be given to individuals early on in their careers.

Barriers to implementation

Feedback from across the regions showed that there were several main barriers to implementation. These included:

- difficulties in obtaining sufficient hard copies of the workbook
- many prisons were unable to ring-fence time for staff to undertake the training in groups
- senior management viewing compulsory training as a priority
- staff that were motivated enough to complete the workbook in their own time feeling that using the workbook in this way was not as effective as using it in a group learning situation
- attempting to implement the workbook at a time when many staff were on leave – making it impossible for remaining staff to be released from duties to attend the training
- running the training alongside (but not in partnership with) other training courses
- a perceived lack of a link between the workbook and ACCT training
- internal clashes with training already provided by in-reach teams
- difficulties in communication caused by internal management rotation
- a lack of a reliable way to gauge how valuable the training had been
- problems in deciding at what level it would be best to pitch the training.

Some of these barriers need to be overcome in order for implementation of the workbook to be successful in other establishments as outlined below.

Conclusion and recommendations

Prison officers generally recognise that their introductory training ill-prepares them to work with prisoners with mental health disorders. While a significant number of prison staff have received mental health training as part of the ACCT initiative, the workbook was introduced to further improve on these numbers using a self-directed approach to learning. The implementation of the workbook across pilot prison settings could be regarded as disappointing. However, such an outcome is not dissimilar to the central initatives where it had been anticipated that self-directed learning would be of value (see for example, Brabban *et al*, 2007). Despite attempts to overcome organisational barriers, very little training appears to have occurred in some of the RDCs. Nonetheless, some custodial staff found the workbook to provide useful training or to act as a good *aide-memoire* to previous training. Preliminary evaluation forms and telephone interviews even suggest that in some instances the training has actually changed staff attitudes towards mentally disordered offenders. However, we must keep in mind that this conclusion is based on a small number of forms and interviewees who may not be representative of the wider staff population.

There are also several measures that could be put in place to increase the success of the training in other establishments (and thereby ensure that it is more cost effective). This evaluation has demonstrated that internal time-constraints have been a barrier to implementing the workbook in many prisons. In establishments where prison officers have attempted to complete the workbook in their own time, take-up was minimal and learning was not supervised by experts. Therefore, despite the apparent difficulties, in order for the workbook to be truly effective it would be better employed as an adjunct to face-to-face training/in a group facilitated by a local specialist in mental health, which staff have ring-fenced time to

attend. Additionally, changes need to be made to the design and content of the workbook. Data from the pilot suggests that it may be beneficial to produce two versions of the workbook pitched at different levels of training need. Staff also stated that the content of the workbook should be made more applicable to the prison context (to reflect issues such as the likelihood of co-occurring disorders in the prison population). Finally, any amendments to the workbook need to take into account changes that have been made, more generally, to introductory prison officer training.

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